

Health Mitigation Fund
Co-Pay Reimbursement Request Form

This form is to be used for all requests for co-pay differential reimbursements.

Step 1: Please fill in the columns to the right next to the medical event you experienced.

Step 2: Staple ORIGINAL receipts to the bottom left hand side of form.

Step 3: Submit to your Department Head for approval using account # 24-122-608-5780.

(New minus Old)					
Medical Event	Previous Plan	Previous Co-Pay	New Plan	New Co-Pay	Amount to be Reimbursed
General Hospital, Mental Hospital, Substance Abuse Facility					
Emergency Room Visit for Medical or Accident Care					
Outpatient Surgery					
High Tech Radiology (MRI, CT, PT Scan)					

Staple Receipts Here

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